

State Use Only
Postmark Date _____
Affiliation Form _____
Transcript _____
Recommendations _____
Picture _____

STATE JUNIOR HIGH REPRESENTATIVE OFFICER APPLICATION

SOUTH DAKOTA FAMILY, CAREER AND COMMUNITY LEADERS OF AMERICA

INSTRUCTIONS:

1. Type all information requested on this application. (Application may be scanned using same font size and space guidelines or download from <http://www.doe.sd.gov/octe/FACS/documents>. Use only the space that is provided. **DO NOT ATTACH ADDITIONAL INFORMATION!** Points will be deducted from the application score and information on the additional sheets will not be included in the tabulation. Use font size no smaller than 10.
2. Attach two recommendations in sealed envelopes
3. Attach an official transcript (must have school seal or official signature to be classified as official)
4. Attach a copy of current Chapter Affiliation form, with candidate's name highlighted, which verifies candidate's membership.
5. Forward the original completed application and a wallet-size picture to Julie Bell by March 15th.

Name: _____

Local chapter: _____ District: _____

School address: _____

Box/Street	City	State	Zip Code
School phone number: _____	Home phone number: _____		

Home address: _____

Box/Street	City	State	Zip Code
E-mail address: _____			

Parent's/Guardian's Name(s): _____

Year in school: _____

Family & Consumer Sciences classes taken, including current year: (check all that apply)

___ 7th: ___ 8th: ___ 9th: ___ 10th: ___ 11th: ___ 12th

Years of membership in Family, Career and Community Leaders of America: _____

Completed STEP 1: ___ Yes Date of completion: _____
 ___ No

Power of One modules completed (indicate number of times each has been completed):

_____ Better You
 _____ Speak out for FCCLA
 _____ Take the Lead
 _____ Working on Working
 _____ Family Ties

Involvement/Responsibilities in Family, Career and Community Leaders of America - use only this form! Be selective in the information that you provide. Focus on your involvement in State and National projects/activities that benefited your family, your community, and your peers; and developed your leadership skills.

LOCAL

List the offices you held; the committees you worked on and positions held; the national, state and community projects you participated in; include the school year for each activity.

DISTRICT

List the office(s) you held or for which you were a candidate, the STAR Event(s) you competed in, and other district responsibilities you completed; include the school year for each activity

STATE

List the office(s) you held or for which you were a state officer candidate, the STAR Event(s) you competed in, the Peer Education Team you were on/were interviewed for, the leadership retreat(s) you attended or other responsibilities you had on the state level; include the school year for each activity.

NATIONAL

STOP Training ___ Yes If yes, what year(s)?: _____
STOP the Violence Training ___ Yes If yes, what year(s)?: _____
Cluster Meeting: ___ Yes If yes, what year(s)?: _____
National Meeting: ___ Yes If yes, what year(s)?: _____
National STAR participant: ___ Yes
 What category and year?: _____
Japanese exchange program applicant: ___ Yes If yes, what year?: _____
Japanese exchange program recipient: ___ Yes If yes, what year?: _____
Workshop presenter: ___ Yes
 Topic of presentation and year: _____

Other responsibilities and years:

Participation in other school activities:

Participation in church and/or community activities other than FCCLA:

Job experience:

I support and endorse the commitment of this student as a state officer candidate.

Adviser's Signature

Date

Administrator's Signature

Date

Include recommendations from the chapter adviser and one other person (administrator, employer, guidance counselor or teacher). Limit each recommendation to one typed page. Enclose reference letters in sealed envelopes.

Send application to: Julie Bell, 239 NFA Box 2275A, SDSU, Brookings, SD 57007-0295.

JUNIOR HIGH REPRESENTATIVE RECOMMENDATION

Recommendation for State FCCLA Officer candidate should address the criteria listed below.
Limit recommendation to one typed page.

Please provide recommendation in a sealed envelope to the candidate so he/she can submit
the completed application by March 15th.

Name of student

Your relationship to the student and length of time known

Leadership abilities

Responsibility

Commitment

Communication skills

Attitude

Teamwork skills

Weaknesses

Any other pertinent issues